


**Wisconsin Department of Agriculture,  
Trade and Consumer Protection**

Division of Animal Health  
PO Box 8911, Madison, WI 53708-8911  
Phone: 608-224-4872 Fax: 608-224-4871

**OFFICE USE ONLY**

Signature of approval by  
Designated Brucellosis Epidemiologist

Date Received	Amount Received	Check Number
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## CERTIFIED BRUCELLOSIS-FREE HERD STATUS APPLICATION FOR BOVINE OR BISON

Issued under the provisions of section ATCP 10.12, Wis. Admin. Code and the Brucellosis Uniform Methods and Rules.

This application is used to apply for Certified Brucellosis-Free herd status for bovine or bison. For initial certification, the herd must have at least two consecutive negative herd blood tests, between 10 and 14 months apart. The anniversary date will be the initial sample date or, if purchased, the anniversary date will be the same as the seller's. For continuous certification, a herd must have a negative herd blood test between 10 and 12 months of the anniversary date.

**Every application for certification shall include a nonrefundable fee of \$50.**

**A copy of the whole herd brucellosis test results must accompany this application.**

<b>Owner Information</b>				
Name of Legal Entity or Person that owns herd			Business Name (if different)	
First Name of Contact Person		Last Name of Contact Person		Phone number (      )      -
Mailing Address			City	State      Zip Code
<b>Herd Information</b>				
Address (if different than above)			City	State      Zip Code
County			Livestock Premises Code	
<b>Qualifying Method</b>				
Two Complete Herd tests for Initial Certification <input type="checkbox"/>		Complete Herd Retest for Recertification <input type="checkbox"/> Current Cert. Brucellosis-Free Herd # _____		Purchased Animals from a Certified Brucellosis-Free Herd <input type="checkbox"/>
If herd is a purchased herd, provide seller's name and address:				
<b>Veterinary Information</b>				
Herd Veterinarian's Name			Herd Veterinary Clinic's Name	
Address of Veterinary Clinic			City	State      Zip Code
Veterinarian Phone Number (      )      -			Veterinary Clinic Phone Number (if different) (      )      -	
<b>Fee</b>				
<input type="checkbox"/> <b>\$50 Annual Certification Fee</b>				
Please include with your application a check for \$50 payable to: WDATCP – Division of Animal Health and mail to PO Box 8911, Madison, WI 53708-8911.				
<b>Applicant Certification and Signature</b>				
I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Brucellosis Uniform Methods and Rules.				
Signature of Applicant			Date of Application	

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.